

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS         | ID NO. | DATE     |
|---------------------------|------------------|--------|----------|
| FEE DETERMINATION         | <i>Burke/has</i> |        | 02-26-01 |
| O.I.P.E. CLASSIFIER       |                  | 43     | 3/17/01  |
| FORMALITY REVIEW          | F. R             | 1213   | 4/15/01  |
| RESPONSE FORMALITY REVIEW | JK               | 835    | 06/18/01 |
|                           | CC               | 5C1114 | 10-8-01  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet her

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MS  
04/06/01  
RESP-9533  
10/18/01